

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560098

FILING DATE

12-9-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4	1		1			
5		4		4		
6		4		4		
7		4		4		
8		4		4		
9	1		1			
10	1		1			
11	1		1			
12						
13	1	1	1	5		
14		1		1		
15	1		1			
16		1		1		
17	1		1			
18	1	2	1	2		
19	1		1	4		
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TOTAL IND.	13	↓	13	↓		↓
TOTAL DEP.	17	←	32	←		←
TOTAL CLAIMS	24		45			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

C. Burt

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